Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

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	District of	
	Division	
CLASS ACTION PUSSOUNGAVEST ANHAMY GUSTITUS Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above,	Case No.	(10 be filled in by the Clerk's Office)
please write "see attached" in the space and attach an additional page with the full list of names.)))	
	}	FILED SCRANTON
MPS, Harley-Soundeschember)	AUG 2 8 2020
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))	PER OW DEPUTY CLERK
SctGraterford		

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COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/1	6) Complaint for \	violation of Civil Right	s (Prisoner)

I. The Parties to This Complaint

A.	The	Plaintiff(s)

В.

needed. Name	for each plaintiff named in the complaint. Attach additional pages if
	WIND ENTRY OF GOOD RUSSELLIN
All other names by which you have been known:	LANDOCKERLAND PARTHONY COUSTITU
ID Number	10 W// 1/2 1/2 720//
Current Institution	01000 000 CO THE WORLD
Address	PIGOSIAN SCI WAYNONT
	100 FU 190X
	City State Zip Code
The Defendant(s)	
ndividual, a government agency isted below are identical to thos he person's job or title (if known)	for each defendant named in the complaint, whether the defendant is an y, an organization, or a corporation. Make sure that the defendant(s) se contained in the above caption. For an individual defendant, include and check whether you are bringing this complaint against them in their apacity, or both. Attach additional pages if needed.
Pefendant No. 1	1100 11 -1
Name	MRS Harley
Job or Title (if known)	MRS Harley Guard Corcherford on Phoenix
Name Job or Title (if known) Shield Number	MRS Harley Guard Corcherford or Phoenix
Name Job or Title (if known) Shield Number Employer	MRS Harley Guard Corcuterford on Phoenix Phoenix or Greater ford
Name Job or Title (if known) Shield Number	MRS Harley Guard Corcherford on Phoenix Phoenix on Groter ford Unique worthownery CO
Name Job or Title (if known) Shield Number Employer	MRS Harley Guard Corcherford or Phoenix Phoenix or Groter food Underway Montownery Co City State Zip Code
Name Job or Title (if known) Shield Number Employer	Phoen'x or Greder ford University Montgomery Co
Name Job or Title (if known) Shield Number Employer Address	Phoen's or Greater ford Uniancial Montgornery Co City State Zip Code
Name Job or Title (if known) Shield Number Employer Address	Phoen's or Greater ford Underview Montgownery Co
Name Job or Title (if known) Shield Number Employer Address efendant No. 2 Name Job or Title (if known)	Phoen's or Greater ford Underview Montgownery Co
Name Job or Title (if known) Shield Number Employer Address refendant No. 2 Name Job or Title (if known) Shield Number	Phoen's Or Greder Ford UNIANULY MONTGOMEN CO City State Zip Code Individual capacity Official capacity Teamner Schemori Frend of Mrs, Harlay
Name Job or Title (if known) Shield Number Employer Address refendant No. 2 Name Job or Title (if known) Shield Number Employer	Phoen's or Greder ford UNIANUM MONTGOMEN CO City State Zip Code Individual capacity Official capacity Teanne Schembri Friend of Mrs, Harbay UNIXMUN
Name Job or Title (if known) Shield Number Employer Address efendant No. 2 Name Job or Title (if known) Shield Number	Phoen's Or Greder Ford UNLANGUM MONTGOMEN CO City State Zip Code Individual capacity Official capacity Teanne Schemby Frend of Mrs, Harlay
Name Job or Title (if known) Shield Number Employer Address refendant No. 2 Name Job or Title (if known) Shield Number Employer	Phoen's or Greder ford UNIANUM MONTGOMEN CO City State Zip Code Individual capacity Official capacity Teanner Schemor i Friend of Mrs, Harlay UNIXMENT

Defendant No. 3	
Name	
Job or Title (if known)	
Shield Number	
Employer	
Address	
	City State Zip Code
	Individual capacity Official capacity
Defendant No. 4	
Name	
Job or Title (If known)	
Shield Number	
Employer	
Address	
	City State Zip Code
	Individual capacity Official capacity
Basis for Jurisdiction	
immunities secured by the Constitution	ne state or local officials for the "deprivation of any rights, privileges, or on and [federal laws]." Under Bivens v. Six Unknown Named Agents of S. 388 (1971), you may sue federal officials for the violation of certain
A. Are you bringing suit against	(check all that apply);
Federal officials (a Biver	ns claim)
State or local officials (a	ı § 1983 claim)
the Constitution and [federal]	lleging the "deprivation of any rights, privileges, or immunities secured by laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what tory right(s) do you claim is/are being violated by state or local officials?
Harrassm	lent
C. Plaintiffs suing under Bivens are suing under Bivens, what officials?	may only recover for the violation of certain constitutional rights. If you constitutional right(s) do you claim is/are being violated by federal

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	Priso	ner Status
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Statem	ent of Claim
	further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain and of each claim in a separate paragraph. Attach additional pages if needed.
	Α.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
		STAlked By Both one inside other cutside
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		putting Dougs in God provoking me to fig
		Page 4 of 11

Pro Se 14 (Rev.	12/16) Complete	nt for Violation	of Civil Bight	c (Driconor)
110 DO 14 (100 V.	12/10/ Complai	HE YOU A JOIGHOU	OF CIAM BURIE	S (FIISOHEI)

C. What date and approximate time did the events giving rise to your claim(s) occur?

2012 - 2020 ATTEMPTED Homocide By Poison.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

V. Injuries S.C.I. Groterford HAPPASSED ABOUT NOT EETING.

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

COST SO 168 RUSSELL NEAVEST, Anthony Gustinus

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Monttony Award of terminication of Mrs Harley And Jeannie Schembri brought to Sustice For molesting US.

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	No No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	SiCit Graterfood, ScIPTH.
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	No
	Do not know
	If yes, which claim(s)?

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E,	If you did file a grievance:
	1. Where did you file the grievance?
	Socat PIHSBURGH
	2. What did you claim in your grievance?
	Food TAMPERING, ATTENDED HARRASSMENT
	3. What was the result, if any?
	Sent letter to STATE Police they clamed UNSUBS
	WHAO.
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	wrote courts was Directed to THE 1983 APMI
	The state of the Man o

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F	If you did not file a grievance:
	1. If there are any reasons why you did not file a grievance, state them here:
•	Fear thnos Become worse Potaliation, Poiso
	 If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	NUMERULS REQUEST TO STAFF ABOUT MRS HA
G.	Cons
e ¹ 5 1	Friend with Jeann's Schember who molested me and Motor SV (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your SV)
	DO ANYTHIRE TO STAY OUT OF THE WAY.
II. Pr	evious Lawsuits Help needed will take poly Graphi
the bro ma	e "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, licious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent ager of serious physical injury." 28 U.S.C. § 1915(g).
То	the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Yes
	No
If y	es, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

F	lave you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
Γ	Yes
1	
Ź	X 140
I:	f your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there were than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1	Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
3.	Docket or index number
4.	Name of Judge assigned to your case
5,	Approximate date of filing lawsuit
6.	Is the case still pending?
	Yes
	No
	If no, give the approximate date of disposition,
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

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	Yes
	□ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	Parties to the previous lawsuit Plaintiff(s) Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	 6. Is the case still pending? Yes No If no, give the approximate date of disposition 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

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IX. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	15/20/		
Signature of Plaintiff	who Bouned drawn V	anthony	F. Hustill
Printed Name of Plaintiff	Russellneavest	ANTHON	GUSTITUS
Prison Identification #	KA7304	32466a	
Prison Address	DO BOX 286		<u> </u>
	WAYMART	State	ISH72 Zip Code
For Attorneys			
Date of signing:			
Signature of Attorney			•
Printed Name of Attorney	and the same of th		
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			

TEMPOON!

Smart Communications/PADOC

SCI Waynart
Name / // // SCALL
PO Box 33028
St. Petersburg, FL 33733

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235 North Washington A